

# Chronic Disease Risk Reduction Program

## Planning Grantee Additional Resources

Please explore these resources thoroughly. Your Community Health Specialist will use these as discussion points with you during bi-monthly calls and the site visit.

## Coalition Building

Coalitions provide structure for individuals and organizations to work on a common goal. Effective community health coalitions are the backbone of successful Chronic Disease Risk Reduction interventions. Coalitions facilitate advocacy and positive community change.

Two highly respected resources for community organizers are The Community Toolbox and Coalitions Work.

Here are their specific resources for building a coalition.

Starting a Coalition: <http://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coalition/main>

Ignite Coalition Task Template: <http://coalitionswork.com/wp-content/uploads/Ignite-Coalition-Task-Template.pdf>

Coalition Tools: <http://coalitionswork.com/resources/>

In general, the first half of the year should focus on recruiting your core group. Then you want to plan your first coalition meeting. Use some of the tools listed in the Ignite Coalition Task Template to actively involve your leadership and new coalition members in forming the structure of the coalition.

## Developing Community Chronic Disease Prevention Plan

**Step 1:** Consult these existing data sources to further inform yourself and other stakeholders about your community's health. Pay specific attention to the burden of chronic disease and to tobacco use, nutrition, physical inactivity and obesity, which are major contributing risk factors for chronic diseases. Contact the Bureau of Health Promotion's Tobacco Program Epidemiologist if you need assistance in accessing or interpreting these sources.

- Kansas Behavioral Risk Factor Surveillance System: This data source provides prevalence for chronic diseases and their associated risk factors in the overall population and in target population subgroups. Data are available at the state, public health preparedness region, and county level.
  - State-level 2016 report:  
[http://www.kdheks.gov/brfss/PDF/2016\\_Kansas\\_BRFSS\\_Report.pdf](http://www.kdheks.gov/brfss/PDF/2016_Kansas_BRFSS_Report.pdf)
  - State-level data: <http://www.kdheks.gov/brfss/>
  - Local-level reports:  
[http://www.kdheks.gov/brfss/HRSReports/local\\_hrs\\_reports\\_index.htm](http://www.kdheks.gov/brfss/HRSReports/local_hrs_reports_index.htm)
  - Local-level data (2011-2015):  
<http://www.kdheks.gov/brfss/BRFSS2015/index.html>
- Kansas Annual Summary of Vital Statistics: This report provides information about smoking during pregnancy at the county level in addition to other relevant vital statistics information (e.g., births, deaths).
  - Link to the 2016 report:  
[http://www.kdheks.gov/phi/as/2016/Annual\\_Summary\\_2016.pdf](http://www.kdheks.gov/phi/as/2016/Annual_Summary_2016.pdf)
- Kansas Information for Communities (KIC): This website provides access to information about population demographics and vital statistics (births and deaths) and can be queried to provide information at the state, county and regional level.
  - <http://kic.kdheks.gov/>
- U.S. Census Bureau Quick Facts – Kansas: This link is available through KIC and provides access to county-level information about population demographics, housing, and poverty. This page compares county estimates to Kansas and U.S. estimates.
  - <http://kic.kdheks.gov/OHA/censusqckfacts.html>
- US Census Bureau American Factfinder: This website provides access to information about population demographics and other characteristics.
  - <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- Kansas Health Matters: This website provides community level information on selected indicators from a variety of sources, including some selected information from the Kansas Behavioral Risk Factor Surveillance System, the KDHE Office of Vital Statistics and the US Census Bureau..
  - <http://www.kansashealthmatters.org/>

**Step 2:** If you have a non-profit hospital in your county, contact them about their required community health needs assessment (CHNA) process that happens every three years. Review this, and any other Community Health Assessment (CHA) that your community has undertaken recently. Also review any Community Health Improvement Plans (CHIP) that resulted from these activities.

If your community has a CHNA/CHA/CHIP, but the documents do not address tobacco use, physical inactivity or nutrition, inquire about how you can get involved in the improvement plan process to have these topics considered as health challenges and community priorities. Share information from existing data sources about leading causes of death and the prevalence of chronic disease and their risk factors with community partners engaged in community assessment and improvement plans.

More about CHNA and advocating for tobacco: <http://www.lung.org/our-initiatives/tobacco/cessation-and-prevention/hospital-community-benefits/>

**Step 3:** It is recommended that you create a work group to review the existing data, strategically plan and create a logic model. The Community Health Promotion staff can also guide you in organizing this process. A good resource is: <http://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main>

Consult the Tobacco Program Epidemiologist to identify appropriate methods for addressing any perceived data gaps. Please remember, this consult should be initiated right from the initial brainstorming phase.

## Checklist of Requirements and Due Dates for Planning Grantees

\_\_\_ Report progress as directed by CHS (coalition, community chronic disease prevention plan, any media coverage)

\_\_\_ Participate in required bi-monthly progress calls

\_\_\_ Sep \_\_\_ Nov \_\_\_ Mar \_\_\_ May

\_\_\_ Host required site visit

\_\_\_ Dec

\_\_\_ Participate in CDRR Grantee Regional Trainings

\_\_\_ 1<sup>st</sup> quarter \_\_\_ 2<sup>nd</sup> quarter \_\_\_ 4<sup>th</sup> quarter

\_\_\_ Attend Community Health Promotion Summit (typically in late January)

\_\_\_ Attend at least two other approved trainings

\_\_\_ Ensure coalition will have a functioning tobacco committee which meets at least quarterly

\_\_\_ Mid-year report and Financial Status Report **due January 15, 2019**

\_\_\_ Final Report and Financial Status Report **due July 15, 2019**

### Recommended online trainings and activities:

\_\_\_ Complete the 30 minute, free online Brief Tobacco Intervention training

[http://www.kdheks.gov/tobacco/download/Kansas\\_Online\\_Training\\_Flyer.pdf](http://www.kdheks.gov/tobacco/download/Kansas_Online_Training_Flyer.pdf)

\_\_\_ Promote the Kansas Tobacco Quitline <http://www.kdheks.gov/tobacco/cessation.html>

\_\_\_ Promote Resist <http://www.resisttobacco.org/> to local school sponsors and youth leaders

\_\_\_ Complete the Taking Down Tobacco course <http://takingdowntobacco.org/>

\_\_\_ Investigate available external grants